Access to Healthcare

VI. ACCESS TO HEALTHCARE

Access to healthcare means more than having a foot in the door. Services must be convenient, equitable, appropriate, and acceptable to the clients and communities being served. Differences in access to healthcare have been measured in terms of geographic location of healthcare settings and differences in health insurance plans.[1] Other factors that influence access include the availability of minority healthcare providers; racial/ethnic similarity of healthcare providers and clients; and cultural and linguistic competency.[2]

The Health Resources and Services Administration (HRSA) describes *full access* as comprehensive services with culturally competent high quality medical care (i.e., enabling services that encourage seeking primary and preventive services on a regular basis—interpretation, transportation, outreach, case management; regular contact with health promotion and health education services that are critical to promoting healthy behaviors; support services such as housing assistance, benefits counseling, food support programs).[3] HRSA funds the Community Access Program which helps communities build partnerships with healthcare providers in order to broaden the range of available healthcare services to underserved communities. Activities like these help to strengthen the healthcare safety net for uninsured and underinsured individuals in local communities.[4]

There is evidence that racial/ethnic minority groups receive lower quality healthcare than whites, even when controlling for insurance status. Race and ethnicity partially determine who has access to care and how much care is available. Members of minority groups are more likely than whites to lack access to covered services and providers, a consistent source of primary care, and referral services.

The Commonwealth Fund national survey showed that Hispanics and Asians were consistently less likely than African Americans and whites to receive preventive care services and management of chronic diseases.[5] Measures of quality have also identified disparities between white and African American Medicaid beneficiaries in diabetes, heart disease, and mental illness as well as screening for women for breast cancer where African American patients did worse than white patients in all conditions.[6]

Barriers to healthcare include insufficient numbers of providers or providers who don't speak the client's language; lack of transportation; finding child care; inability to leave work to obtain care; medical personnel who don't understand the client's needs; and lack of minority representation among clinical providers.[7]

A. Health Insurance Coverage

There is a strong relationship between health insurance coverage and access to healthcare. Having health insurance increases the likelihood of receiving primary and preventive care, such as immunizations or screenings, as well as early treatment that can promote early diagnosis and treatment of disease and reduce avoidable hospitalizations or long-term complications of many conditions.

Health insurance or healthcare coverage includes both public sources of payment (e.g., Medicare, Medicaid, BadgerCare), and private insurance that is typically offered through employers or by self-payment.

- During 1996–2000, the majority of persons in Wisconsin, including racial/ethnic minorities, had health insurance coverage. However, the proportion of uninsured among racial/ethnic minorities was larger than the proportion of uninsured in the rest of the population.
- The proportions of racial/ethnic minority groups that were continuously uninsured for an entire 12-month period were the following: Hispanics/Latinos, 13%; African Americans, 10%; and American Indians and Asians, 7%. By comparison, 4% of whites were uninsured for an entire year.

Table 54: Health insurance coverage by race/ethnicity, Wisconsin, 1996–2000

All Ages	African American/ Black	American Indian	Asian	Hispanic/ Latino	White	Total Population
Sample size	*n=3,941*	*n=390*	*n=432*	*n=889*	*n=29,445*	*n=35,652*
	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)
Health insurance coverage:						
Insured at time of survey	83% (1)	88% (3)	88% (3)	81% (3)	93% (--)	92% (--)
Private insurance[1]	55% (2)	74% (4)	81% (4)	68% (3)	89% (--)	86% (--)
Medical Assistance[2]	29% (1)	15% (4)	9% (3)	14% (2)	4% (--)	6% (--)
Uninsured at time of survey	17% (1)	11% (3)	11% (3)	18% (3)	6% (--)	7% (--)
Insurance coverage over past year:						
Insured entire past year	74% (1)	71% (5)	86% (3)	72% (3)	89% (--)	88% (--)
Insured 1-11 months of past year	15% (1)	19% (4)	3% (2)	13% (2)	6% (--)	7% (--)
Uninsured all of past year	10% (1)	7% (3)	7% (2)	13% (2)	4% (--)	4% (--)

Source: Wisconsin Family Health Survey, 1996–2000, Wisconsin Department of Health and Family Services, Bureau of Health Information. Table prepared by the Division of Public Health.

Notes: [1]"Private insurance" includes employer-provided group coverage and privately-purchased coverage.

[2]"Medical Assistance" (MA) also includes people reporting BadgerCare and Supplemental Security Income. The number of MA clients indicated by MA program data is larger than the number estimated by the Family Health Survey. This lower estimate of the MA population is typical of telephone surveys.

C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

(--) indicates C.I. = 0.5% or less.

B. Source of Healthcare

In addition to health insurance, having a regular primary care provider or other source of ongoing healthcare is a strong predictor of access to quality healthcare.

- Asians and Hispanics/Latinos in Wisconsin were less likely to have one place to go for routine healthcare than other racial/ethnic groups.

Table 55: Source of healthcare by race/ethnicity, Wisconsin, 1996–2000

All Ages	African American/ Black	American Indian	Asian	Hispanic/ Latino	White	Total Population
Sample size	*n=3,941*	*n=390*	*n=432*	*n=889*	*n=29,445*	*n=35,652*
	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)
Has one place where usually goes for routine healthcare	89% (1)	92% (3)	83% (4)	85% (2)	92% (--)	91% (--)
Does not have one place for care	10% (1)	7% (3)	16% (4)	14% (2)	8% (--)	8% (--)
Needed medical care in the past year and did not get it	4% (1)	3% (2)	1% (1)	3% (1)	2% (--)	2% (--)

Source: Wisconsin Family Health Survey, 1996–2000, Wisconsin Department of Health and Family Services, Bureau of Health Information. Table prepared by the Division of Public Health.

Notes: C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

(--) indicates C.I. = 0.5% or less.

C. Health Screening Practices

Health screening contributes to improved health. When health conditions are identified in their early stages, it may be possible to slow or prevent more serious and disabling consequences.

Cholesterol Screening

- High blood cholesterol is a risk factor for coronary heart disease. Early detection can function as the first step toward lifestyle modifications that can reduce high cholesterol.
- During 1996–2000, about 67% of Wisconsin African American adults indicated they had blood cholesterol screening within the past 5 years, which was similar to the proportion among whites.
- Among Hispanics, about 59% indicated cholesterol screening during the past 5 years, although this was not significantly different from the proportion for African Americans or whites.

Blood Pressure Screening

- Regardless of racial/ethnic group membership, recent blood pressure screening is more common than screening for cholesterol. Ninety percent of African American adults indicated a blood pressure screening within the past year. Among Hispanics, 83% reported blood pressure screening within the past year compared to 86% among whites.

Cervical Cancer Screening

- Cervical cancer that is diagnosed in its early stages is one of the most successfully treated early cancers. A Pap test can detect early stage cervical cancer and pre-cancers.
- According to the Wisconsin Behavioral Risk Factor Survey, between 80% and 90% of adult women in Wisconsin indicate receiving a Pap smear test during the past two years.
- For African American, Hispanic/Latino, and whites, the proportions were 91%, 81%, and 79%, respectively. Differences by racial/ethnic groups shown in Table 56 are not statistically significant.

Breast Cancer Screening

- The American Cancer Society recommends yearly mammograms starting at age 40 and continuing for as long as a woman is in good health. It recommends that clinical breast exams should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 years and older.[8]
- According to Wisconsin's Behavioral Risk Factor Survey, about 75% of African American and 60% of white women ages 50 and over indicated that they had received a mammogram during the year prior to the survey.
- Clinical breast exams were reported by 68% of African American women and 65% of white women.

Table 56: Health screening practices by race/ethnicity, aged 18 and over, Wisconsin, 1996–2000

	African American/ Black	American Indian	Asian	Hispanic/ Latino	White	All Wisconsin
	% (C.I. ±)[1]	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)	% (C.I. ±)
Cholesterol screening[2] Within past 5 years	67% (4) *n=613*	*	*	59% (14) *n=184*	68% (1) *n=7,474*	68% (1) *n=8,480*
Blood pressure screening[3] Within past year	90% (3) *n=376*	*	*	83% (13) *n=125*	86% (1) *n=5,915*	86% (--) *n=6,573*
Pap smear testing[4] Within past 2 years (women)	91% (3) *n=427*	*	*	81% (7) *n=105*	79% (1) *n=3,445*	80% (1) *n=4,008*
Had mammogram[5] within past year (women ages 50+)	75% (8) *n=139*	*	*	*	60% (2) *n=2,331*	60% (2) *n=2,557*
Had clinical breast exam[6] within past year (women ages 50+)	68% (8) *n=138*	*	*	*	65% (2) *n=2,295*	65% (2) *n=2,511*

Source: Wisconsin Behavioral Risk Factor Surveillance System, 1996–2000, Wisconsin Department of Health and Family Services, Bureau of Health Information.

Notes: [1]C.I.± refers to the confidence interval range within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percentage estimate to get the upper or lower limits of the 95% confidence interval, rounded to the nearest whole number.

[2]"Cholesterol screening" refers to adults who reported having had their cholesterol tested by a doctor, nurse, or other healthcare professional within the past five years.

[3]"Blood pressure screening" refers to adults who reported having had their blood pressure taken by a doctor, nurse, or other healthcare professional within the past year.

[4]"Pap smear testing" refers to adult women who reported having had a Pap smear within the past two years (excluding women who reported having had a hysterectomy).

[5]A mammogram is an X-ray of the breast.

[6]A clinical breast exam is a physical examination of the breast performed by a qualified health professional.

n = the unweighted number in the sample with responses (i.e., the denominator of the percent).

* indicates the sample size was too small to make reliable estimates for this category.

D. Health Professionals

Studies show that racial, cultural, and linguistic similarities between patients and providers are associated with enhanced communication, greater patient satisfaction with their care, and better patient adherence to treatment.[9]

A national survey by The Commonwealth Fund found that minority populations were more likely to report difficulties communicating with their providers and being treated with disrespect because of their race/ethnicity (16% of whites compared to 23% African American). Fifteen percent of African Americans, 13% of Hispanics, and 11% of Asians indicated that they would have received better healthcare if they had been of a different race or ethnicity compared with 1% of whites.[5]

Patients who received care from physicians of their own race reported more involvement with medical decision-making. The study also found that minority health providers were more likely to work in underserved communities, thus improving availability and access to healthcare.[10]

African American, Hispanic/Latino, and American Indian physicians are underrepresented in the health professions throughout the U.S. and in Wisconsin. A population is considered underrepresented in a health profession if the group percentage in the health profession area is low relative to their numbers in the population.[11] Some subpopulations, such as the Hmong, are also underrepresented even though the percentage of Asian health professionals overall is generally higher than other racial/ethnic minority groups.

- A significant percentage of licensed physicians, nurses, dentists, and dental hygienists in Wisconsin did not report their race or ethnicity. The percentage of health professionals with unknown race and ethnicity ranged from 40% to 77%. The large percentage of unknown race/ethnicity in the state health provider pool limits our knowledge of the actual percentage of racial/ethnic diversity in the Wisconsin healthcare workforce.
- As of September 2003, 1.1% of licensed physicians in Wisconsin reported their race as African American and 1.4% reported their race as Hispanic/Latino.
- Of licensed physicians, 6.8% were Asian, which exceeds the percentage of all Asians in the state population. However, there are only a few Hmong physicians in Wisconsin.
- As of September 2003, the proportion of licensed nurses in Wisconsin who reported their race/ethnicity as African American, Asian, American Indian, or Hispanic/Latino was 1% or less in each of these groups.
- As of September 2003, less than 1% of registered dental hygienists were identified as African American, American Indian, Hispanic/Latino, or Asian in each of the respective groups.

Table 57: Licensed health professionals by race/ethnicity, Wisconsin, 2003

	Race / Ethnicity	Racial/ethnic proportion of the Wisconsin population	Number of physicians	Percent of Wisconsin physicians
Physicians	African American/Black	5.6	139	1.1%
	Asian	1.6	900	6.8%
	American Indian	0.8	129	1.0%
	Hispanic/Latino	3.6	179	1.4%
	White	87.3	6,388	48.3%
	Other	1.1	75	0.6%
	Unknown	NA	5,404	40.9%
	Total	100.0	13,214	100.0%
	Race/Ethnicity	**Racial/ethnic proportion of the Wisconsin population**	**Number of RNs**	**Percent of Wisconsin RNs**
Registered Nurses	African American/Black	5.6	628	1.0%
	Asian	1.6	392	0.6%
	American Indian	0.8	148	0.2%
	Hispanic/Latino	3.6	289	0.5%
	White	87.3	28,177	46.0%
	Other	1.1	31	0.1%
	Unknown	NA	31,535	51.5%
	Total	100.0	61,200	100.0%
	Race/Ethnicity	**Racial/ethnic proportion of the Wisconsin population**	**Number of dentists**	**Percent of Wisconsin dentists**
Dentists	African American/Black	5.6	11	0.3%
	Asian	1.6	62	1.8%
	American Indian	0.8	7	0.2%
	Hispanic/Latino	3.6	27	0.8%
	White	87.3	685	19.8%
	Other	1.1	2	0.1%
	Unknown	NA	2,671	77.1%
	Total	100.0	3,465	100.0%
	Race/Ethnicity	**Racial/ethnic proportion of the Wisconsin population**	**Number of registered dental hygienists**	**Percent of Wisconsin registered dental hygienists**
Registered Dental Hygienists	African American/Black	5.6	4	0.1%
	Asian	1.6	16	0.4%
	American Indian	0.8	9	0.2%
	Hispanic/Latino	3.6	20	0.5%
	White	87.3	1,800	44.3%
	Other	1.1	4	0.1%
	Unknown	NA	2,208	54.4%
	Total	100.0	4,061	100.0%

Source: Wisconsin Department of Regulation and Licensing, September 2003.
Table prepared by the Wisconsin Division of Public Health.

Note: NA = Not Applicable.

Notes

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